

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

101587, 183

FILING DATE

7.25.06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1-		
3				1-		
4				1-		
5				1-		
6				1-		
7				1-		
8				1-		
9				1-		
10				1-		
11				1-		
12				1-		
13				1-		
14				1-		
15				1-		
16				1-		
17				1-		
18				1-		
19				1-		
20				1-		
21				1-		
22				1-		
23			2			
24			1-			
25			1-			
26			1-			
27			1-			
28			1-			
29			1			
30				1-		
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49						
50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	29	←		←
TOTAL CLAIMS			31			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						